

## Optician Reinstatement Under Three Years Form

Please PRINT all information clearly if you are not filling out this form electronically. The College understands the importance of protecting personal information. The information contained on this form will be used by the College in carrying out its regulatory activities only; for the purpose of regulating the profession in the public interest.

Please complete all sections below.

A. Personal Information			
First Name:	Middle Name:	Last Name:	Registration Number:

B. Contact Information		
Address:		Unit/Apt Number:
City:	Province/State:	Postal/Zip Code:
Phone Number:	Fax Number:	Email:

C. Alternate Contact Information (if applicable)		
Address:		Unit/Apt Number:
City:	Province/State:	Postal/Zip Code:
Phone Number:	Fax Number:	Email:

If you are employed in opticianry, enter the details for each location where you are currently employed below. If you are not employed or not in active opticianry practise, you must provide a designated practice address which can be your last place of employment or a P.O. Box. If you are not practising or you are in private practice and designate your home address as your practice address, this will be shared on the public register.

D. Practise Status			
What is your current practise status?			
Employed in opticianry		Unemployed and not seeking employment in opticianry	
Employed, but on leave		Working outside of the profession and seeking work in opticianry	
Reason:	Start Date:		
Unemployed and seeking employment in opticianry		Working outside of the profession and not seeking work in opticianry	

E. Primary Practice Information			
Business Name:			
Address:			Unit Number:
City:	Province/State:	Postal/Zip Code:	Country:
Phone Number:	Fax Number:	Email:	
Is this a residential address?			Yes      No

F. Secondary Practice Information			
Business Name:			
Address:			Unit Number:
City:	Province/State:	Postal/Zip Code:	Country:
Phone Number:	Fax Number:	Email:	
Is this a residential address?			Yes      No

G. Tertiary Practice Information			
Business Name:			
Address:			Unit Number:
City:	Province/State:	Postal/Zip Code:	Country:
Phone Number:	Fax Number:	Email:	
Is this a residential address?			Yes      No

H. Preferred Work Status			
What is your preferred work status in the profession of opticianry?	Full-Time	Part-Time	Casual

I. Practise Hours/Weeks:	
What is the number of weeks (maximum 52) you have spent practising opticianry in the past 12 months across all of your practice sites?	
What is the average number of hours (maximum 168) per week you have spent practising opticianry in the past 12 months across all of your practice sites?	
What is the average number of on-call hours (maximum 168) per week you have spent practising opticianry in the past 12 months across all of your practice sites?	

J. Proportion of Weekly Practice Hours (total should reflect the percentage of time spent across all employers and equal 100%)	
What percentage of weekly practice hours do you spend on direct professional services?	
What percentage of weekly practice hours do you spend on teaching?	
What percentage of weekly practice hours do you spend on research?	
What percentage of weekly practice hours do you spend on administration?	
What percentage of weekly practice hours do you spend on other activities?	
Total	100%

K. Employment Category					
Using the number codes below, provide the employment category for each practice setting identified above:					
01 Permanent		02 Temporary/Contract		03 Casual	
				04 Self-Employed	
Primary		Secondary		Tertiary	

L. Employment Status					
Using the number codes below, provide your employment status for each practice setting identified above:					
01 Full-Time		02 Part-Time		03 Casual (no fixed hours)	
Primary		Secondary		Tertiary	

M. Position					
Using the number codes below, provide your position for each practice setting identified above:					
01 Administrator		02 Consultant		03 Instructor/Educator	
05 Owner/Operator		06 Researcher		07 Salesperson	
09 Quality Management		10 Other		04 Manager	
08 Service Provider (dispensing)					
Primary		Secondary		Tertiary	

N. Employment Service					
Using the number codes below, provide the primary service provided by each practice setting identified above:					
01 Administration		02 Consultation		03 General Service Provision	
04 Other Direct Service/Consultation		05 Post-Secondary Education		06 Quality Management	
07 Research		08 Sales		09 Other	
Primary		Secondary		Tertiary	

O. Areas of Practise					
Using the number codes below, provide your areas of practise for each practice setting identified above:					
01 Artificial Eyes		02 Eyeglasses and Contact Lenses		03 Contact Lenses Only	
04 Difficult Contact Lens Fittings		05 Eyeglasses Only		06 Geriatrics	
07 Low Vision Aids		08 Mobile Services		09 Paediatrics	
10 Refraction (Registered RO's Only)		11 Safety Glasses		12 Other	
Primary		Secondary		Tertiary	

P. Patient Age Range					
Using the number codes below, provide the patient age range for each practice setting identified above:					
01 Preschool (0 – 4)		02 School Age (5 – 17)		03 Mixed Paediatrics (0 – 17)	
04 Adults (18 – 64)		05 Seniors (65+)		06 Mixed Adults (18 – 65+)	
07 All Ages		08 Other		09 Not Applicable	
Primary		Secondary		Tertiary	

Q. Practice Setting Type					
Using the number codes below, provide the type of practice setting for each practice setting identified above:					
01 Association/Government/Regulatory Organization/Non-Government Organization					
02 Board of Health/Public Health Lab/Public Health Unit			03 Post-Secondary Educational Institution		
04 Health Related Business Industry			05 Hospital		
06 Independent Health Facility			07 Ophthalmologist Office		
08 Optical Dispensary			09 Optometrist Office		
10 Other Group Practice Office			11 Other Laboratory Facility		
12 Patient’s Environment			13 Solo Practice Office		
14 Other Practice Setting					
Primary		Secondary		Tertiary	

R. Concurrent Registrations								
Are you currently registered with a regulatory authority in another province or country? If yes, complete the information below for each.								
Regulatory Authority	Province/Country	Registration Number	From (dd/mm/yy)			To (dd/mm/yy)		

S. Practise History					
If you have practised opticianry outside of Ontario, provide the information below for each location.					
Country		Province/State		Date Last Practised:	
Country		Province/State		Date Last Practised:	
Country		Province/State		Date Last Practised:	

T. Additional Opticianry Education						
Using the number codes below for the Level of Education section, provide any additional opticianry education you may have completed since last reporting to the College:						
10 Diploma		20 Certificate		30 Post Diploma Certificate		40 Other
Level of Education	Name of Educational Institution	Program Name	Province/State	Country	Date of Graduation (mm/dd/yy)	

U. Other Education						
Using the number codes below for the Level of Education and Field of Study sections, provide any non-opticianry education you may have completed since last reporting to the College:						
Level of Education						
01 Diploma		02 Baccalaureate		03 Master's Degree		04 Professional Doctorate
05 Doctorate		06 Other		07 Entry to Practice Post-Diploma Certificate/Courses		
Field of Study						
01 Biological/Biomedical Sciences		02 Business/Management/Marketing		03 Education		
04 Engineering		05 General Rehabilitation Science		06 Gerontology		
07 Health Administration/Mgmt		08 Health Profession/Related Clinical Services		09 Kinesiology/Exercise Science		
10 Law		11 Math/Computer Information Sciences		12 Medical Laboratory Science		
13 Physical Sciences		14 Public Administration		15 Public Health		
16 Psychology		17 Social Sciences/Arts/Humanities		18 Other		
Level of Education	Field of Study	Name of Educational Institution	Program Name	Province/State	Country	Date of Graduation (mm/dd/yy)

V. Citizenship/Immigration Status			
What is your current citizenship/immigration status?	Canadian Citizen	Permanent Resident	Employment Authorization under the <i>Immigration and Refugee Protection Act</i>



W. Declaration of Conduct		
Have you ever been found guilty of an offense related to the regulation of the practice of opticianry that has not been previously reported to the College?	Yes	No
Have you ever been found guilty of a criminal offense that has not been previously reported to the College?	Yes	No
Has a finding of professional negligence or malpractice, which may or may not relate to your suitability to practice, been made against you that has not been previously reported to the College?	Yes	No
Have you ever been refused registration in an opticianry regulatory body that has not been previously reported to the College?	Yes	No
Have you ever had a finding or are you currently facing a proceeding for professional misconduct, incompetency, incapacity, or a similar issue <u>in relation to opticianry</u> in Ontario or another jurisdiction that has not been previously reported to the College?	Yes	No
Have you ever had a finding or are you currently facing a proceeding for professional misconduct, incompetency, incapacity, or a similar issue <u>in another profession other than opticianry</u> in Ontario or another jurisdiction that has not been previously reported to the College?	Yes	No

X. Declaration	
<p>I hereby apply for reinstatement (lifting of suspension) of my Certificate of Registration (Certificate) as a Registered Optician and certify that the statements made by me on this form are complete and correct to the best of my knowledge and belief.</p> <p>I understand that a false or misleading statement or the falsification or tampering of any documentation hereby submitted may result in professional misconduct proceedings being brought against me, may disqualify me from reinstatement of my Certificate, or may be cause for revocation of any registration which may be granted to me.</p> <p>I understand that my reinstatement fees will be processed upon receipt but that this does not imply that my application has been approved. I confirm that any photos I have submitted are a true likeness of me.</p> <p>I understand that, in accordance with article 15 of the College of Opticians of Ontario’s By-laws, should I provide my home address as my place of business or as my “designated address”, my home address will be made available on the College’s public register. Should I feel that this would jeopardize my personal safety, I understand that I need to make a request, in writing, to the Registrar to have this information removed from the public register.</p> <p>I also understand that it is a requirement of the Opticianry Act and its regulations that I notify the College, in writing, of any change in my legal name, home or business information within thirty (30) days of the change.</p>	
Signature:	Date:

Submit this form by email to [registration@collegeofopticians.ca](mailto:registration@collegeofopticians.ca) or by fax to 416-368-2713. In keeping with our goal to move to a paperless environment, documents received by mail will not be accepted.

## General Instructions

A complete Optician Reinstatement Under Three Years application to the College of Opticians of Ontario includes the following:

- A completed Optician Reinstatement Under Three Years Form;
- A passport-style photograph which provides a clear, coloured image of your head and shoulders against a neutral coloured background.
- A completed Form C – Insurance or Undertaking Form (enclosed);
- Letters of Standing from any regulatory authority listed in section R of the Optician Reinstatement Under Three Years Form. If you are not in good standing with any of the regulatory authorities listed, provide written details;
- A copy of the diploma/degree/certificate/etc. obtained from any educational institutions listed in section T of the Optician Reinstatement Under Three Years Form;
- A copy of the diploma/degree/certificate/etc. obtained from any educational institutions listed in section U of the Optician Reinstatement Under Three Years Form;
- A notarized copy of your proof of Canadian citizenship, landed immigrant status or valid work permit as indicated in section V of the Optician Reinstatement Under Three Years Form;
- A notarized copy of your current passport, driver’s license, or birth certificate to verify your legal name. Submission of a secondary piece of legal identification is required if the name on your birth certificate is not your current legal name;
- Written details of any conduct questions you answered “Yes” to in section W of the Optician Reinstatement Under Three Years Form;
- A completed Form D – Credit Card Authorization Form (enclosed) in the current reinstatement fee amount found on the College’s website. The fee is non-refundable.

If you are unable to provide any of the requested documents, please submit a letter with your application detailing your inability to provide the requested documentation.

For more information about the reinstatement process, please visit the College of Opticians of Ontario website.

## Form C – Insurance or Undertaking Form

Please PRINT all information clearly if you are not filling out this form electronically. The College understands the importance of protecting personal information. The information contained on this form will be used by the College in carrying out its regulatory activities only; for the purpose of regulating the profession in the public interest.

Please complete either the insurance information OR the undertaking portion of this form. If you are employed in the profession, or wish to maintain your status as “Entitled to Practise” on the public register, you must have professional liability insurance.

A. Personal Information			
First Name:	Middle Name:	Last Name:	Registration Number:

B. Insurance Information		
Complete this section if you have professional liability insurance.		
Insurance Company Name:		
Policy Number:	Certificate Number:	
Coverage Amount:	Expiry Date:	
Is this personal insurance or is the insurance provided by your employer?  If your professional liability insurance is provided by your employer, your name must be listed on the insurance certificate and you must have insurance for every business at which you are employed.	Personal	Employer

B. Acknowledgement and Declaration
I _____ (full name) hereby declare:
<ul style="list-style-type: none"> <li>▪ The insurance information contained in this form is complete and accurate;</li> </ul>

<ul style="list-style-type: none"> <li>▪ I am insured under said policy;</li> <li>▪ I have provided a copy of the policy to the College along with this form as proof of my insurance;</li> <li>▪ Should my policy expire while I am employed in the profession, I undertake to renew or replace my policy prior to the expiry date in the amount of no less than \$1,000,000 and submit a copy of the renewal policy to the College; and</li> <li>▪ I understand and agree that making a false statement will be considered an act of professional misconduct and may result in revocation and/or disciplinary proceedings against me.</li> </ul>	
Signature:	Date:

<b>C. Undertaking</b>	
Complete this section if you are not employed in the practice of opticianry and do not intent to be. Completing this section will result in your status being displayed as “Not Entitled to Practise” on the public register.	
<p>I _____ (full name) hereby undertake to not engage in the practice of opticianry, including the dispensing of eye glasses, contact lenses, and subnormal vision devices, nor to supervise or direct a Registered Student Optician or a Registered Intern Optician in Ontario, until I submit proof of my professional liability insurance to the College and my status has changed to “Entitled to Practise” on the public register.</p> <p>I understand and agree that a breach of this undertaking will be considered professional misconduct and may result in revocation and/or disciplinary proceedings against me.</p>	
Signature:	Date:

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## Form D – Credit Card Authorization Form

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Please complete all sections below.

A. Personal Information			
First Name:	Middle Name:	Last Name:	Registration Number:

B. Credit Card Information			
Card Holder Name:			
Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express
Credit Card Number:			Expiry Date:
Authorized Amount to be Charged:			
Service Requested:			
Cardholder Signature:			Date:

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